

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-048749

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

12067

STATE FILE NUMBER

FILED DEC 21 1962

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN ST. LOUIS, MO.Length of stay in 1b  
35 yrs2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo. b. COUNTY

c. CITY OR TOWN St. Louis

Inside Limits  
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP. #1Inside Limits  
Yes ☐ No ☐

d. STREET ADDRESS 2331 Madison (If outside, give location)

Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

SAM

SILVERMAN

## 4. DATE OF DEATH

Month

Day

Year

DECEMBER

15

1962

5. SEX  
male6. COLOR OR RACE  
white7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐8. DATE OF BIRTH  
4-4-18909. AGE (last birthday)  
72IF UNDER 1 YEAR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Salvage Merchant10b. KIND OF BUSINESS OR INDUSTRY  
automobiles11. BIRTHPLACE (City and state or country)  
Lithuania12. CITIZEN OF WHAT COUNTRY  
USA

## 13a. FATHER'S NAME

(unk) Silverman

## 13b. MOTHER'S MAIDEN NAME

(unk)

## 14. NAME OF HUSBAND OR WIFE

Minnie

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give was or dates of service)  
No

No

16. SOCIAL SECURITY NO.

17. INFORMANT Address  
Mrs. Evelyn Blitz 8437 Crixdale (32)

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral hemorrhage

INTERVAL BETWEEN ONSET AND DEATH  
approx 1 wk

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arterial hypertension

DUE TO (c)

Arteriosclerosis

approx 1 wk

unknown

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Chronic hepatitis mellitus peritonitis

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☒ NO ☐20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐20b. DEATH BY INJURY OCCURRED (Specify date of injury in PART I or PART II of item 18.)  
446X20c. TIME OF INJURY  
Hour a.m. Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 12/10/62 to 12/15/62 and last saw her alive on 12/15/62  
Death occurred at 5:15 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Type or title)

Thomas W. Davis MD

## 22b. ADDRESS

1515 LAFAYETTE AVE.

## 22c. DATE SIGNED

12/15/62

23a. BURIAL, CREMATION, REMOVAL (Specify)  
removal

## 23b. DATE

12-17-1962

23c. NAME OF CEMETERY OR CREMATORY  
Chevra Kadisha Cem.23d. LOCATION (City, town, or county)  
University City, Mo.

## 24. FUNERAL DIRECTOR

ADDRESS

Beeger Memorial 4715 McPherson

## 25. DATE RECD. BY LOCAL REG.

DEC 17 1962

## 26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

USE BLACK INK Davis

OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

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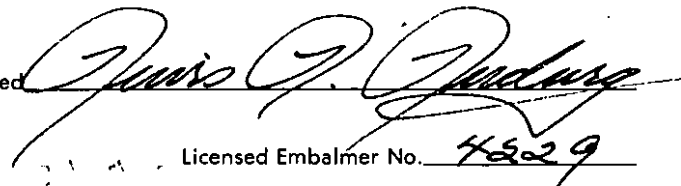
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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed



Licensed Embalmer No. 4529

P. O. Address \_\_\_\_\_

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.